County: Oconto WOODLAND VILLAGE 430 MANOR DR

SURI NG 54174 Phone: (920) 842-2191 Ownershi p: Corporati on Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Number of Beds Set Up and Staffed (12/31/01): 60 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/01): 60 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 59 Average Daily Census: **58** ********************* **********************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	30. 5
Supp. Home Care-Personal Care	No					1 - 4 Years	55. 9
Supp. Home Care-Household Services	No	Developmental Disabilities	1. 7	Under 65	3.4	More Than 4 Years	13. 6
Day Services	Yes	Mental Illness (Org./Psy)	28. 8	65 - 74	6. 8		
Respite Care	Yes	Mental Illness (Other)	13. 6	75 - 84	28.8		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	1. 7	85 - 94	50.8	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	8. 5	95 & 0ver	10. 2	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	1. 7	ĺ	ĺ	Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	8. 5		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	10. 2	65 & 0ver	96. 6		
Transportati on	No	Cerebrovascul ar	1. 7			RNs	9. 3
Referral Service	No	Di abetes	5. 1	Sex	%	LPNs	9. 2
Other Services	No	Respi ratory	3.4		Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	15. 3	Male	35. 6	Ai des, & Orderlies	45. 6
Mentally Ill	No			Female	64. 4		
Provi de Day Programming for			100.0				
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)		Other			Pri vate Pay		Family Care		Managed Care		[
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0.0	0	0	0.0	0	0	0. 0
Skilled Care	4	100.0	233	38	100.0	99	0	0.0	0	17	100.0	121	0	0.0	0	0	0.0	0	59	100. 0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100. 0		38	100.0		0	0.0		17	100.0		0	0.0		0	0.0		59	100. 0

WOODLAND VILLAGE

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti o	ns, Services, an	d Activities as of 12	/31/01
beachs builing kepoliting relifou					leedi ng		Total
Percent Admissions from:		Activities of	%		tance of	% Totally	Number of
Private Home/No Home Health	15.8	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	11.9		61. 0	27. 1	59
Other Nursing Homes	31.6	Dressing	23. 7		47. 5	28. 8	59
Acute Care Hospitals	47. 4	Transferring	35. 6		40. 7	23. 7	59
Psych. HospMR/DD Facilities	0.0	Toilet Use	28. 8		45. 8	25. 4	59
Reȟabilitation Hospitals	0.0	Eating	57. 6		27. 1	15. 3	59
Other Locations	5.3	*********	******	******	******	*******	*****
Total Number of Admissions	38	Conti nence			pecial Treatmen	ts	%
Percent Discharges To:		Indwelling Or Externa	l Catheter	1. 7	Receiving Resp	iratory Care	11. 9
Private Home/No Home Health	23. 1	Occ/Freq. Incontinent	of Bladder	47. 5	Receiving Trac	heostomy Care	0. 0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Bowel	20. 3	Receiving Suct	i oni ng	1. 7
Other Nursing Homes	15. 4				Receiving Osto	my Care	1. 7
Acute Care Hospitals	5. 1	Mobility			Receiving Tube	Feedi ng	5. 1
Psych. HospMR/DD Facilities	2. 6	Physically Restrained		1. 7	Receiving Mech	anically Altered Diets	s 22.0
Rehabilitation Hospitals	0. 0						
Other Locations	0.0	Skin Care		(Other Resident C	lharacteri sti cs	
Deaths	53.8	With Pressure Sores		3. 4	Have Advance D	i recti ves	93. 2
Total Number of Discharges		With Rashes		16. 9	Ædi cati ons		
(Including Deaths)	39				Receiving Psyc	hoactive Drugs	54 . 2

*********************************** Ownershi p: Bed Size: Li censure: 50-99 Skilled Al l Thi s Propri etary Peer Group Facility Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 96.7 80.3 1. 20 85. 1 1. 14 84. 4 1.15 84. 6 1. 14 Current Residents from In-County 69. 5 72.7 0.96 72. 2 0.96 75. 4 0.9277. 0 0.90 Admissions from In-County, Still Residing 34. 2 18. 3 1.87 20.8 1.64 22. 1 1.55 20.8 1.64 Admissions/Average Daily Census 65. 5 139.0 0.47 111.7 0.59 118. 1 0.55 128. 9 0.51 Discharges/Average Daily Census 67. 2 139.3 0.48 112. 2 0.60 118. 3 0.57 130.0 0.52 Discharges To Private Residence/Average Daily Census 15. 5 58. 4 0.27 42.8 0.36 46. 1 0.34 **52.8** 0. 29 Residents Receiving Skilled Care 100 91. 2 1. 10 91.3 1.09 91.6 1.09 85. 3 1.17 Residents Aged 65 and Older 96. 6 96.0 1.01 93.6 1.03 94. 2 87. 5 1.03 1. 10 Title 19 (Medicaid) Funded Residents 64. 4 72. 1 0.89 67. 0 0.96 69.7 0.92 68. 7 0.94 Private Pay Funded Residents 28.8 1.23 21.2 22. 0 18. 5 1. 55 23. 5 1. 36 1. 31 0.9 Developmentally Disabled Residents 1.7 1.0 1.88 0.8 2. 15 7. 6 0. 22 1.71 Mentally Ill Residents 42.4 36. 3 1. 17 41.0 1.03 39. 5 1.07 33. 8 1. 25 General Medical Service Residents 15. 3 16.8 0.91 16. 1 0.95 16. 2 0.94 19. 4 0.79 49.3 Impaired ADL (Mean) 46.6 1.00 48. 7 0.95 48. 5 0.96 0.94 46. 4 Psychological Problems 54. 2 47.8 1.14 50. 2 1. 08 50.0 1.09 51. 9 1. 05 Nursing Care Required (Mean) 7.0 7. 3 1. 07 7.8 7. 1 1. 10 7. 3 1. 08 1. 11